

**DEPT.-65**

**JOB-31**

**REEL-24**



**CITY OF BALTIMORE**

**HEALTH DEPT.**

**BUREAU OF VITAL STATISTICS**



# DEATHS





CITY HALL  
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

## DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT  
THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE  
DEPARTMENT OF Health BUREAU OF Vital  
Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS  
AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COM-  
PLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PRO-  
VIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION  
NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN  
ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR  
ON JUNE 4, 1954.

KP 23607

KP 23607



## REQUEST FOR RETENTION PERIOD

Authorization No.

345

Department:

Health

Bureau:

Vital Statistics

To: Records Management Officer,  
Room 408, City Hall, Baltimore, 2, Md.

## Record Identification

1. TITLE:

Certificate of Death

2. Form No. if available

3. Type—(cards, paper, etc.)

Bound Book

4. Dates

5. Volume accumulated yearly

6. Size of Record

Misc.

7. Number of copies made

One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. Establish retention period for  
☐ records which are accumu-  
lating daily.B. Dispose of present accumu-  
lation, no additional accumu-  
lation anticipated.C. Microfilm and destroy orig-  
inals.D. Microfilm and retain origi-  
nals for length of time in-  
dicated below.

9. Recommended Retention Period

a. In Dept.

12 yrs.

b. In Storage Center

Micro. Perm.

c. Total

12 yrs.  
and  
Micro. Perm.10. Equipment and space  
freed.11. In your opinion does this record have any his-  
torical significance?YES ☐NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes. Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval

*Robert E. Farber, M.D.*  
Title: Commissioner of Health

3/28/63  
Date

## Recommendation of Records Management Officer

13. Recommended Retention Period

a. In Dept.

12 yrs.

b. In Storage Center

Microfilm  
Permanent

c. Total

12 yrs.  
and  
Microfilm  
Permanent

14. Disposal Method

A. To be  
sold as  
scrap or  
waste paperB. To be  
☒ Burned or  
shreddedC. Historical, (to be transferred  
to Dept. of Legislative  
Reference.)

REMARKS:

2 negative rolls  
+ 1 positive for hospital

*C. P. Poole*  
Records Management Officer

3/29/63  
Date

## APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER  
ROOM 408, CITY HALL, BALTIMORE 2, MD.

*James C. [Signature]*  
1. APPROVED: CITY AUDITOR

*[Signature]*  
2. APPROVED: CITY SOLICITOR

*[Signature]*  
3. APPROVED: CITY COMPTROLLER

*[Signature]*  
4. APPROVED: CITY TREASURER

*[Signature]*  
5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

*[Signature]*  
6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

*[Signature]*  
7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE



**FILED ON FILM**

**IN**

**NUMERICAL ORDER**



# **NOTICE**

The succeeding documents  
were received in the same  
condition and microfilmed  
as shown.

Every effort was made to  
assure legibility and com-  
pleteness.



No. 100.000

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 100.000 Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 25<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Cecilia Bee

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 6 Months, Days

Color, colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

866 Pierce St.

Cause of Death, { First (Primary), Second (Immediate), }

Dentition  
convulsions

Duration of Last Sickness, 21 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 26<sup>th</sup> 86

Undertaker, A. Ross

M. D.

Medical Attendant.

Place of Business, Airway Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

A. C. Roberts Inspector

[OVER]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 99580 Office of Registrar of Vital Statistics. Ward 2<sup>d</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 1st, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Bolden

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Since Birth

Duration of Residence in the City of Baltimore, 620 S. Dallas St

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), } Enterocolitis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church

Date of Burial, May 1st 87

Undertaker, John H. Rehberger M. D. Medical Attendant.

Place of Business, 1732 Old River Address, 1709 Alice Ann

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99581 Office of Registrar of Vital Statistics. Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Evelling Jennings

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about seventeen Years, Months, Days

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Essex County Va

Duration of Residence in the City of Baltimore, about three years

Place of Death, { Give Street and Number. } 111 Station Alley

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary Consumption

Duration of Last Sickness, about one year.

All the above information should be furnished by the Physician.

Place of Burial, Sharps Cemetery

Date of Burial, May 2 1887

{ Undertaker, B W Chase } W W Wright M. D. Medical Attendant.

{ Place of Business, 64 Howard St } Address, 220 N. Guilmer St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]